

РОЛЬ МЕДСЕСТРИНСТВА У НАВЧАННІ НАДАННЯ ПЕРШОЇ МЕДИЧНОЇ ДОПОМОГИ ДОРΟΣЛИМ

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Реферат

За останні роки можна спостерігати бурхливий розвиток спеціальності "медсестринство невідкладної допомоги". Ця спеціальність у Польщі перебуває у процесі реформи. Пошуки системного юридичного рішення є важливими з точки зору національної безпеки, маючи на увазі, що перша медична допомога, яка надається на місці випадку, має ключове значення для порятунку людського життя.

Мета. Визначення способів здобування інформації про першу невідкладну медичну допомогу. Визначення методів навчання невідкладній медичній допомозі медичних сестер. Проведення аналізу суспільної думки з питання оплати за навчання із надання невідкладної медичної допомоги.

Матеріал і методи. В опитуванні взяли участь 121 особа, серед них 50 жінок та 71 чоловік, що становило, відповідно, 41% та 59% від загального числа респондентів. Анкетування відбувалося у терміні від жовтня до грудня 2014 р. Анкета містила 18 запитань про соціально-матеріальне становище опитуваних, суб'єктивний підхід та отримані знання із надання першої медичної допомоги та звідки особа отримала інформацію про першу медичну допомогу.

Результати й обговорення. Про першу медичну допомогу знання отримали 47 осіб через навчання на курсах, за допомогою теле- або радіопрограм - 40 осіб, через все-світню мережу "Інтернет" - 41 особа. Серед осіб, які брали участь в опитуванні, 65% відповіли, що медичний персонал був досить компетентним, щоб забезпечити медичні знання, 17% респондентів відповіли, що у них не було жодної думки з цього питання, й 17% вважають, що медичний персонал не володіє відповідною кваліфікацією. Загалом, від усіх опитаних 71 (59%) особи відповіли, що вони будуть готові платити додаткові кошти, щоб отримати медичні знання із надання першої медичної допомоги, й 41% осіб не готові додатково оплачувати здобуття медичних знань.

Висновки. Більша кількість анкетованих отримували інформацію про першу медичну допомогу зі ЗМІ, й вважають, що медичні сестри є достатньо компетентними і можуть застосовувати свої медичні знання. Також більша частка опитаних вважала, що вони були б готові платити за здобуття медичних знань.

Ключові слова: перша допомога, медсестринство невідкладної допомоги, оздоровча освіта, медичні знання, рятувальна медична служба

Abstract

THE ROLE OF EMERGENCY NURSING IN THE MEDICAL ASSISTANCE EDUCATION OF ADULTS

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Recent years have witnessed the rapid emergence of emergency nursing. Emergency medical service in Poland is currently undergoing changes. Searching for a systemic and legally provisioned solution became important from the point of view of national security, bearing in mind that first aid provided on site is crucial for saving human life.

Aim: (1) determining how information concerning first aid is most willingly obtained; (2) obtaining opinions on medical assistance education by nursing staff; (3) obtaining opinions whether a part of the society would be willing to pay extra for education in medical assistance.

Material and Methods. The survey involved 50 women and 71 men. This was 41% and 59% respectively, out of the total number of the respondents. The survey was conducted from October to December 2014. 121 questionnaires were filled in for the research. The questionnaire contained 18 questions, including: general personal details; questions about the social and material situation of the respondents; the respondents' subjective approach to providing first aid as well education on the subject; the source of their information about first aid.

Results and Discussion. Of all the respondents, most of the people acquired medical knowledge through training or courses - 47 people. Acquiring medical knowledge by means of TV or radio programmes was the second most popular way. Such a view was expressed by 40 respondents. 41 people from among those interviewed gained medical knowledge online. Among the people participating in the survey, 79 answered that nursing staff was competent enough to provide medical knowledge, which accounted for 65%. 17% of the respondents answered that they had no opinion on the matter and 17% said they believed that nursing staff did not have suitable qualifications. 71 people of the surveyed answered that they would be willing to pay extra to acquire the medical knowledge of first aid, which is 59% of all the respondents. 41% said they would not be willing to pay extra to acquire medical knowledge.

Conclusions: (1) Most respondents obtain medical

information using the media (in its broad sense). (2) The majority of the respondents believe that nursing staff is competent enough to share medical knowledge. (3) The majority of the respondents answered that they would be willing to pay extra to acquire medical knowledge.

Key words: first aid, emergency nursing, knowledge, health education, emergency medical service, training

Introduction

The origins of emergency medical service date back to wars fought by Napoleon Bonaparte, when help was provided by fetching a medical officer or equipment to the victim [1]. In Poland it was not until 1891 that organisational measures produced some results due to establishing the first ambulance station in Krakow with the great help of Dr Arnold Bennett and Dr Karol Walecz-Brudzewski [2]. At the beginning of 1951, the Ministry of Health became heavily involved in the organization of emergency ambulance service [3]. The network of emergency ambulance service was earlier run by the Polish Red Cross.

Recent years have witnessed the rapid emergence of emergency nursing. Emergency medical service in Poland is currently undergoing changes. The collapse of the exhibition hall in Katowice and the rail crash near Szczekociny led to the human drama. On January 28th 2006, 65 people were killed and more than 170 were injured in a construction disaster. [4] On March 3rd 2012, 16 people died and 57 were wounded in the rail crash near Szczekociny [5].

Searching for a systemic and legally provisioned solution became important from the point of view of national security. An extremely important document which regulates issues in Polish rescue service is the Act of September 8th 2006 on the State Emergency Medical Services (Journal of Laws 2006 No. 191, item 1410) [6]. At the time of a disaster specialist rescue teams work on site. Specially trained dogs are used in the search, and suitable technical equipment is supplied to the place. There are many important aspects of rescue, but the crucial factor is the reaction time. A person with sudden cardiac arrest (SCA) cannot wait. The help of another person (who is not a member of a professional rescue team) is a response to the need of a human suffering physically and mentally. An ordinary passerby providing first aid can, for example, stop the bleeding by the time medical help

arrives. However, this will be possible only if the person helping is aware and properly educated in this field. High standards are a priority in accomplishing tasks of Emergency Medical Service (EMS) teams, Emergency Control Centres (ECC) and Emergency Departments (ED). They can also be achieved by means of adequately early education, not only implemented by the state, but also in the context of health education conducted by business entities fit for this purpose.

Types of medical education

Education in first aid involves emergency measures in case of sudden health or danger to life [8]. Education on Elementary First Aid (EFA) should concern all adults and youth. Its range includes danger identification, the initial protection of the victim and the place of the event, calling emergency services, basic resuscitation activities in case of adults and children, other basic emergency measures depending on the type of threat, repeating the procedure of the assessment and the protection of the victim [8].

Health education

When defining health education, we define a field examining the overall impact shaping the health awareness of a person which affects their decisions about their own health as well as the impact shaping social phenomena connected with health [9]. The educational role of medical staff is of vital importance in the process of restoring health. According to Professor P?dicha, this role concerns the impact on the patient and their environment in order to shape the correct behaviour [10]. Health education is a wide process, covering e.g. life, work, leisure time, and nutrition hygiene. In the process of education appropriate literature can be recommended in this area. However, such a technique may be insufficient nowadays. The free market economy and the private sector provide a lot of educational tools at a substantive level.

Health should be the point of reference in health promotion provided by nurses. It is not only important to invest in one's health, but also in health strengthening as well as improving and, above all, in maintaining health at the same or better level. In this regard health behaviours and a lifestyle supporting health should be promoted by nurses in

their community [9].

Nurses should also assist in the development of behaviours conducive to health. They should teach rational nutrition, personal hygiene, recreational activities, proper behaviour for the protection of health, e.g. taking care of mental health hygiene, maintaining a proper relationship between the time spent on work, learning, activity, sleep and rest. Advising people on how to strengthen their own health is becoming more and more important. Promoting and teaching first aid also requires professional qualifications.

Material and Methods

Bearing in mind that first aid provided on site is crucial for saving human life, the aim of the research was: (1) determining how information concerning first aid is most willingly obtained; (2) obtaining opinions on medical assistance education by nursing staff; (3) obtaining opinions whether a part of the society would be willing to pay extra for education in medical assistance.

In order to answer the above-mentioned assumptions, a questionnaire was chosen as the test method. The survey was conducted from October to December 2014. 121 questionnaires were filled in for the research. Filling in the questionnaires was voluntary and anonymous, and the respondents were informed about the purpose of the survey. Some of the people surveyed were citizens of the town Myszkow and its nearby districts. They were patients making use of emergency medical service as well as the local health service. Another group of the respondents were employees of health care units. The questionnaire contained 18 questions, including: general personal details; questions about the social and material situation of the respondents; the respondents' subjective approach to providing first aid as well education on the subject; the source of their information about first aid.

Results and Discussion

50 women and 71 men took part in the survey. This was 41% and 59% respectively, out of the total number of the respondents (Fig. 1.).

As far as the level of education is concerned, most of the people interviewed had secondary education, which constituted 71% or 86 respondents. There were 28 people with higher

education, and only 7 people with declared primary education.

After the examination of the level of education in relation to the sex of the respondents, it transpired that the most numerous group were men with secondary education, i.e. 50 men compared with 36 women with secondary education. After comparing the numbers in relation to the sex, and not with respect to all the respondents, these values were 72% and 70% respectively. People with primary education were the least numerous groups: women - 0, men - 7. Most of the interviewed were people living with their family - 114, which was 94% of the overall number. People living alone constituted only 6%.

Most of the interviewed were people aged 35 to 50, which was 64% of the surveyed. People aged 18-26 represented 23%.

70% of the respondents were town dwellers. The rural population accounted for 30% of the surveyed.

There were no retired people among the respondents. There were 93 people with a permanent job, which constituted 77% and 28 unemployed people, which accounted for 23%.

Most of the respondents were people with the monthly income ranging from 1700 to 3500 zł - they constituted 59%. Only 7 people declared their income of over 3500 zł - 6%. There were 43 people with a monthly income up to 1700 zł, representing 36% in relation to all the respondents.

Only 14 people stated that they had never been faced with a situation requiring provision of

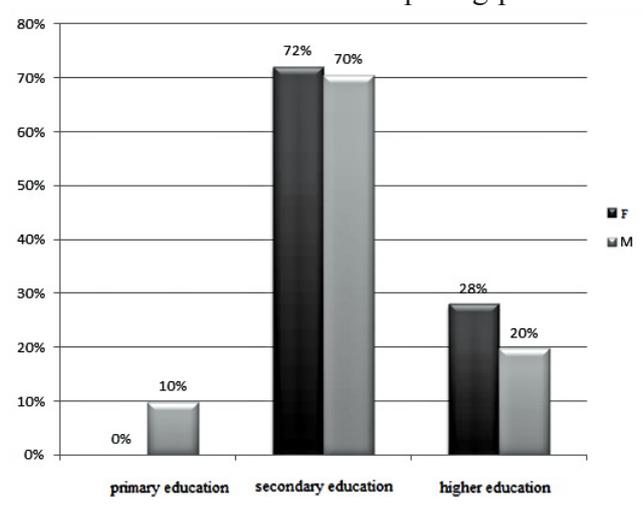


Fig. 1
The level of education in relation to the sex: male (M) and female (F)

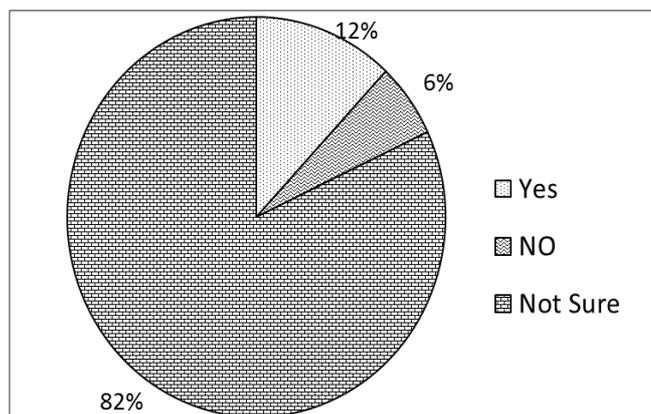


Fig. 2

Respondents' answers to the question whether they would use medical knowledge in an emergency if they possessed one

medical assistance to the injured. They accounted for 12% of the total number of the respondents. Most of the people, representing 88% of the surveyed, had found themselves in such a situation (Fig. 2).

Only seven respondents answered that they would not use medical knowledge if they had it, which constituted 6% of the respondents. 83% of the respondents answered that they would use such knowledge in an emergency.

Out of all the people surveyed, all of them replied that medical knowledge might be useful. Among the interviewed, 35 people did not have family members with chronic disease. It represented 29% of all the respondents. 71% of the surveyed had people with chronic disease in their

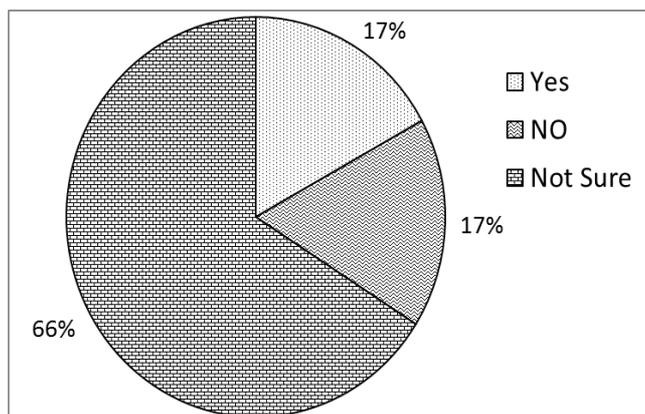


Fig. 3

Respondents' answers to the question whether nursing staff is competent to provide medical knowledge

family.

Chronic health problems appeared in 36 people from among those interviewed and this represented 30% of the respondents. 70% of the interviewed did not have chronic ailments (Fig. 3).

Among the people participating in the survey, 79 answered that nursing staff was competent enough to provide medical knowledge, which accounted for 66%. 17% of the respondents answered that they had no opinion on the matter and 17% said they believed that nursing staff did not have suitable qualifications (Fig. 4).

The majority of the respondents acquired medical knowledge through training or courses - 47 people. Acquiring medical knowledge by means

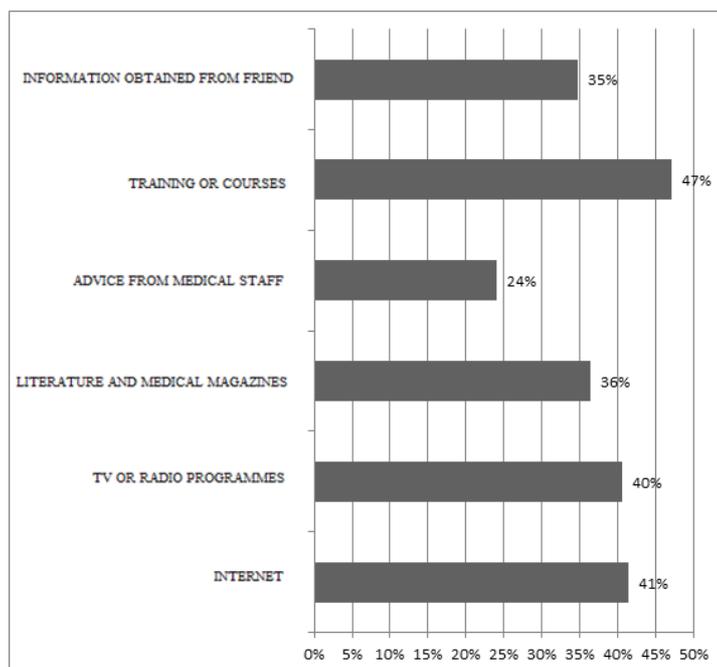


Fig. 4

Respondents' answers to the question of how they obtain medical information

of TV or radio programmes was the second most popular way. Such a view was expressed by 40 respondents. 41 people from among those interviewed gained medical knowledge online.

In percentage terms, the sum of certain values exceeds 100% due to the fact that some respondents chose more than one answer.

83% of the respondents answered that the state should ensure the availability of medical knowledge to citizens. 17%, i.e. 21 of those interviewed, believed that the state did not have to care about the availability of medical knowledge to citizens.

Most of the people surveyed claimed that employers should take care of the medical education of their employees in terms of first aid, which constituted 94% of the respondents. 6% of those interviewed believed that the employer did not have to care about the availability of medical education to their employees.

72 people answered that a part of the population could finance their own medical knowledge training. Such a number represented 60% of all the respondents. 40% of the surveyed believed that a part of the population could not finance their own medical knowledge training (Fig. 5).

71 people of all the surveyed answered that they would be willing to pay extra to acquire medical knowledge of first aid, which is 59% of all the respondents. 41% said they would not be willing to pay extra to acquire medical knowledge.

From the above, one can ask a number of questions. Namely: Who is supposed to be the medical educator of the society, and how should this process look like? Should there be organised

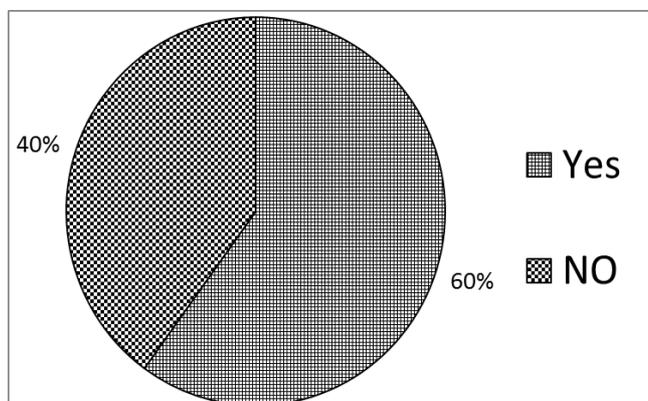


Fig. 5

Respondents' answers of whether they would be willing to pay extra to acquire medical knowledge

forms? And, finally, who should be responsible for subsidising first aid knowledge training? These are just a few of numerous questions. An emergency nurse may be of great help in resolving these doubts. Most experts in the field of public health believe that emergency medical service is now a field where turbulent changes are taking place. These changes have an impact on the whole society. The role and tasks of nursing service in solving problems related to health and health problems of the society are taking on an added importance [11]. As our research shows, most of the society is willing to give first aid to the victim in a life-threatening situation. Unfortunately, according to another research, witnesses do not provide this help because they are afraid that their knowledge is not sufficient and can harm the victim. The absence of obligatory training in this field is yet another problem here [12, 13, 14]. Apart from that, the results confirmed that a significant part of the society found themselves in a situation which required the use of first aid in the past. Earlier studies confirm these results [14]. It can be seen that there is a big discrepancy between willingness to give first aid and skills as well as the subjective feelings of accident witnesses. Providing first aid training seems to be a necessity for the whole society in order to update and improve their qualifications. However, a way of funding this training seems to be of vital importance. Therefore, the respondents were asked if they were willing to pay extra for training in first aid. Particularly interesting were the answers of some of the respondents who were of the opinion that the state and employers should take care of medical education. In spite of their conviction, in most cases they would be willing to pay extra for such training. Other studies confirm the opinions of the respondents that there should be more training in first aid. The respondents would also be willing to participate in the costs [14, 15]. Bearing in mind the need of sharing medical knowledge at the highest level, the respondents were asked whether nursing staff was competent to provide such training. Respondents have a very high opinion of the qualifications of nurses in this field since as much as 2/3 of them believe that nurses can provide training in first aid. This shows confidence in the knowledge and skills of nurses, which seem to be the basic link in the contacts of patients with broadly

defined medicine. The research has shown that most of the information about first aid is obtained by the respondents through various media. This poses a certain risk because the information found e.g. on the internet is often inaccurate or even misleading [16]. It appears that only medical staff should provide such information because of its high importance. The consequences of incorrect information can be dramatic. With this in mind, it is good news that almost half of the respondents have verified their knowledge by means of courses and training.

Conclusions

1. Most respondents obtain medical information using the media (in its broad sense).
2. The majority of the respondents believe that nursing staff is competent enough to share medical knowledge.
3. The majority of the respondents answered that they would be willing to pay extra to acquire medical knowledge.

References

1. Rasmus A, Rokosz A, Olczyk W, Krawczyk M. Lancuch ratunkowy - kluczowa koncepcja w medycynie ratunkowej 2005, 195-199.
2. Indulski J. Organizacja ochrony zdrowia. Warszawa : Wydawnictwo Lekarskie PZWL, 1984. 123-129.
3. Uhma S, Blizniewski R. Polski Czerwony Krzyż 1919-1959. Warszawa: Wydawnictwo Lekarskie PZWL, 1959. 145.
4. [http://pl.wikipedia.org/wiki/Katastrofa_budowlana_na_Slasku_\(2006\)](http://pl.wikipedia.org/wiki/Katastrofa_budowlana_na_Slasku_(2006)) z dnia 15.X.2014.
5. http://pl.wikipedia.org/wiki/Katastrofa_kolejowa_pod_Szczekocinami_z_dnia_15.X.2014.
6. Dz.U. 2006 nr 191 poz. 1410 - Ustawa z dnia 8 wrzesnia 2006 r. o Panstwowym Ratownictwie Medycznym.
7. Swiderek Z, Wrobel W, Krynski A. [red.]. Zdrowie publiczne: wspolczesne uwarunkowania i trendy rozwoju. Czestochowa: Educator - Wydawnictwo Akademii Polonijnej w Czestochowie, 2010. 156-178.
8. Zawadzki A. Medycyna ratunkowa i katastrof Podrecznik dla studentow uczelni medycznych. Warszawa: Wydawnictwo Lekarskie PZWL, 2011. 267.
9. Sikora A, Supady J. Sposoby prezentacji moralnie kontrowersyjnych problemow medycznych w wybranych tytulach prasy polskiej jako czynnik edukacji zdrowotnej. Czestochowa: Educator - Wydawnictwo Akademii Polonijnej w Czestochowie, 2011. 98.
10. Wojciech P, [red.]. Choroby wewnetrzne. Podrecznik dla szkol medycznych. Wydanie III. Warszawa: Panstwowy Zaklad Wydawnictw Lekarskich, 1992.
11. Swiderek Z., Wrobel W., Krynski A. [red.]. Zdrowie publiczne: wspolczesne uwarunkowania i trendy rozwoju. Czestochowa: Educator - Wydawnictwo Akademii Polonijnej w Czestochowie, 2010. 56.
12. Wanot B. Znajomosc zasad udzielania pierwszej pomocy. Na ratunek, 2008; 3; 42-44.
13. Frydrysiak K. Grzeskowiak M. Czy kierowcy potrafia udzielic pierwszej pomocy poszkodowanemu w wypadku drogowym? Anaesthesiology & Rescue Medicine/ Anestezjologia i Ratownictwo, 2013, 3.
14. Skitek I. Witt M, Goniewicz M. Ocena znajomosci zagadnien z pierwszej pomocy w srod studentow uczelni uniwersyteckich miasta Poznania. Nowiny Lekarskie 2012; 81 (6): 641-646.
15. Chemperek E., et al. Poziom wiedzy uczniow szkol ponadgimnazjalnych i studentow w zakresie pierwszej pomocy. Medycyna Ogolna i Nauki o Zdrowiu, 2011, 17.
16. Grzeskowiak M., Dylak M.: Czy informacje dotyczace resuscytacji dostepne na polskich stronach internetowych sa wiarygodne? Med. Intens. Rat., 2005; 8(1): 13-17.